

U.S. SOCIAL SECURITY ADMINISTRATION										18. Serial No. _____ Date Issued (mm-dd-yyyy) _____ Approved By _____ FS Post _____	
APPLICATION FOR SOCIAL SECURITY NUMBER CARD											
COMPLETE ONLY IF APPLICANT HAS NEVER BEFORE APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER CARD AND IS UNDER AGE 5. UNLESS THE REQUESTED INFORMATION IS PROVIDED, WE MAY NOT BE ABLE TO ISSUE A SOCIAL SECURITY NUMBER. PLEASE READ PRIVACY ACT STATEMENT ON REVERSE.											
1. NAME OF CHILD IN FULL (First) (Middle) (Last) TO BE SHOWN ON CARD NAA						2. SEX SEX M F					
3. DATE OF BIRTH (mm-dd-yyyy) DOB		4. HOUR AM PM	5. PLACE OF BIRTH IN FULL (City, State, Country) PLB			6. FCI					
FATHER'S NAME FNA			7. FATHER'S FULL NAME MOTHER'S FULL NAME AT BIRTH			MOTHER'S NAME MNA					
Father's Social Security Number			8. SOCIAL SECURITY NUMBER			Mother's Social Security Number					
9. PNA HAS THE PERSON IN ITEM 1 EVER APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER BEFORE? NO											
10. NAME OF CHILD NAB FULL NAME AT BIRTH IF OTHER THAN ABOVE		FIRST FULL MIDDLE NAME LAST									
11. MAILING ADDRESS STT DO NOT ABBREVIATE		STREET ADDRESS, APT. NO., P.O. BOX, RURAL ROUTE NO. CITY/PROVINCE STATE OR FOREIGN COUNTRY POSTAL/ZIP CODE CTY STE ZIP									
12. RACE/ETHNIC DESCRIPTION ETB (Check one only-Voluntary)		<input type="checkbox"/> Asian, Asian American or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> North American Indian or Alaskan Native <input type="checkbox"/> White (Not Hispanic)									
13. NAME OF PERSON PROVIDING INFORMATION			14. SIGNATURE				15. RELATIONSHIP TO CHILD				
16. TODAY'S DATE (mm-dd-yyyy) DON			17. DAYTIME TELEPHONE NUMBER (Including Area Code)								
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)											
NPN		DOC		NTI		CAN		ITV			
PBC	EVI	EVA	EVC	PRA	NWR	DNR	UNIT				
EVIDENCE SUBMITTED					SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE						
					DATE (mm-dd-yyyy)						
					DATE (mm-dd-yyyy)						
					DCL						

THE PRIVACY ACT/PAPERWORK ACT AND YOUR APPLICATION

The Privacy Act of 1974 requires us to give each person the following notice when applying for a Social Security Number.

Sections 205(c) and 702 of the Social Security Act allow us to collect the facts we ask for on this form.

We use the facts you provide on this form to assign you a Social Security number or to issue you a Social Security card. You do not have to give us these facts, however, without them we cannot issue you a Social Security number or a card. Without a number, you may not be able to get a job and could lose Social Security benefits in the future.

The Social Security number is also used by the Internal Revenue Service for tax administration purposes as an identifier in processing tax returns of persons who have income which is reported to the Internal Revenue Service and by persons who are claimed as dependents on someone's Federal income tax return.

We may disclose information as necessary to administer Social Security programs, including to appropriate law enforcement agencies to investigate alleged violations of Social Security law; to other government agencies for administering entitlement, health, and welfare programs such as Medicaid, Medicare, veterans benefits, military pension, and civil service annuities, black lung, housing, student loans, railroad retirement benefits, and food stamps; to the Internal Revenue Service for Federal tax administration; and to employers and former employers to properly prepare wage reports. We may also disclose information as required by Federal law, for example, to the Department of Justice, Immigration and Naturalization Service, to identify and locate aliens in the U.S.; to the Selective Service System for draft registration; and to the Department of Health and Human Services for child support enforcement purposes. We may verify Social Security numbers for State motor vehicle agencies that use the number in issuing drivers licenses, as authorized by the Social Security Act. Finally, we may disclose information to your Congressional representative if they request information to answer questions you ask him or her.

We may use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies to determine whether a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in the U.S. Social Security offices, U.S. Embassies or consulates, or the VARO in Manila. If you want to learn more about this, contact any U.S. Social Security office, U.S. Embassy or consulate, or VARO in Manila.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 8.5 to 9 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. All requests for Social Security cards and other claims-related information should be sent to your local U.S. Social Security office, U.S. Embassy or consulate, or VARO in Manila.